

Apr. 29. 2004 1:33PM

Myers & Kaplan

No. 2020 P. 1

Myers & Kaplan
Intellectual Property Law, L.L.C.

1899 Powers Ferry Road
Suite 310
Atlanta, GA 30339

Patents, Trademarks, Copyrights
and Related Matters

Telephone (770) 541-7444
Facsimile (770) 541-7448
Email: apatel@mkiplaw.com

FACSIMILE TRANSMISSION

TO: MS. CATHY NELSON

COMPANY: U.S. PATENT AND TRADEMARK OFFICE

FAX NUMBER: 703-746-6598

PHONE NUMBER: 703-305-5531

DATE: APRIL 29, 2004

FROM: ASHISH D. PATEL, ESQ., REG. NO. 50,177

FAX NUMBER: 770-541-7448

PHONE NUMBER: 770-541-7444

CLIENT/MATTER #: SER. NO. 10/625,716

OF PAGES (INCLUDING FAX COVER): 3

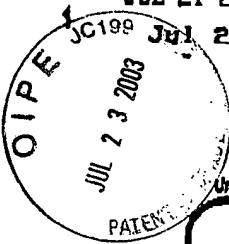
NOTES:

PER YOUR REQUEST, PLEASE SEE THE ATTACHED DECLARATION IN CONNECTION WITH APPLICATION SERIAL NO. 10/625,716.

PLEASE CONFIRM THE RECEIPT AND SUFFICIENCY OF THIS FAX.

CONFIDENTIALITY NOTICE:

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS FACSIMILE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE. THANK YOU.



Approved for use through 10/31/2002. OMB 0587-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number 22910-RA
			First Named Inventor Linsky et al.
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
			Art Unit
			Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR FACILITATING BREAST SELF-EXAMINATIONS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

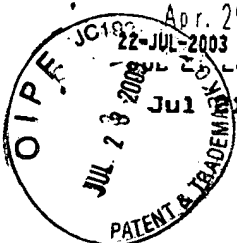
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Apr. 29. 2004 1:33PM Myers & Kaplan
22-JUL-2003 05:05PM FROM-MEERY INTERNATIONAL
JUL 21 03 02:27p M&K, LLC.

404-875-1234

T-363

No. 2020 P. 3

P. 003/005

F-738

770-541-7448

p. 3

PTO/SB/01 (10-07)

Approved for use through 10/31/2002. DMS 0451-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label 30184		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the use so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Stacie (first and middle if any)		Family Name Linsky or Surname			
Inventor's Signature <i>Stacie Linsky</i>		Date 7/22/03			
Atlanta Residential City		GA State	USA Country	USA Citizenship	
Mailing Address 1262 Christmas Lane					
Atlanta City		GA State	30329 ZIP	USA Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Elaine (first and middle if any)		Family Name Banks or Surname			
Inventor's Signature <i>Elaine Banks</i>		Date 7/22/03			
Atlanta Residential City		GA State	USA Country	USA Citizenship	
Mailing Address 560 Park Avenue					
Atlanta City		GA State	30312 ZIP	USA Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 2)